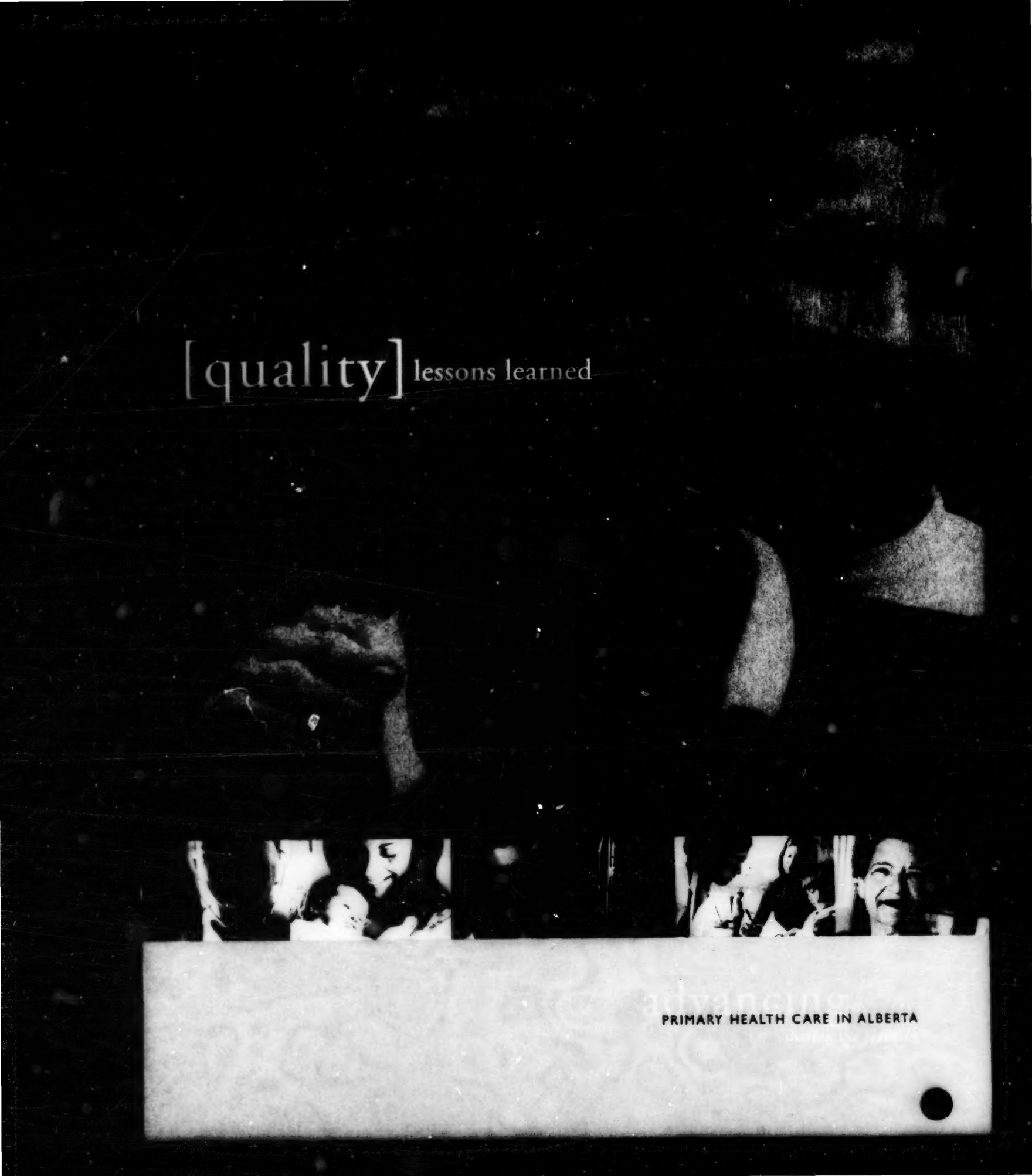

[quality] lessons learned

PRIMARY HEALTH CARE IN ALBERTA

what is primary health care (PHC)?

Primary health care is **the first point of contact** of individuals with the health system – that is, where health services are mobilized and coordinated to promote health, prevent illness, care for common illness and manage ongoing problems (National Forum on Health, 1997). **Primary health care services** include: health promotion, illness and injury prevention, screening, health information, examinations, treatment in physicians' offices, vaccinations, home visits, nutritional counselling, drug dispensing, home care and so on. It involves a **variety of health professionals** including family physicians, nurses, public health nurses, nurse practitioners, pharmacists, mental health therapists, rehabilitation therapists, optometrists, home care providers, social workers and others.

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PREFACE

The Umbrella Alberta Primary Health Care Project was created to further advance primary health care by informing the practice of primary health care in Alberta and future policy development.

The Umbrella Alberta Primary Health Care Project finds its roots in the final report of the National Forum on Health (1997). The report recommended reform in key areas, including primary health care. It further recommended creation of a health transition fund to support evidence-based pilot and evaluation projects in health care. In response to those recommendations, the federal government created the Health Transition Fund (HTF) in 1997. It focused on four key areas:

- primary health care reform;
- integrated delivery of services;
- home care; and
- pharmacare.

Following consultation with stakeholders in 1997, Alberta Health and Wellness chose to focus on primary health care and submitted a proposal to the federal government. Alberta received an $11.2 million HTF grant in 1998 from the federal government, and the Umbrella Alberta Primary Health Care Project was created. An external selection committee reviewed primary health care project proposals from across the province, and 27 were ultimately recommended for funding. Most of the projects began in September 1998 and were completed by May 2000. Extensive dissemination activities by the Umbrella Alberta Primary Health Care Project and its 27 funded projects commenced in August 2000, including a provincial showcase conference and the development of diverse products to disseminate the learning. Detailed information on each of the 27 projects can be found at: **www.health.gov.ab.ca/key/phc/index.htm**

SHARING THE LEARNING

While the projects were diverse, a number of common themes emerged from the final project reports and evaluation reports. Key findings in the areas of primary health care delivery, integration, multi-disciplinary teams, access and quality were compiled in a series of booklets, as well as other publications, designed to share the findings provincially and nationally as a contribution to the advancement of primary health care.

Understanding and measuring quality in primary health care is based on identifying appropriate indicators. Determining what these indicators are rests on the definition of primary health care. Primary health care is the first point of contact and usually the first level of care that people have with the health system. The timeline for these 27 projects was a relatively short two years and this created significant challenges to assessing quality in a definitive way. However, this stand-alone booklet shares important learning that the 27 projects can contribute to an understanding of quality in primary health care and the issues related to it.

The other materials can be obtained through Communications Branch, Alberta Health and Wellness, 22 Floor, Telus Plaza North Tower, 10025 Jasper Avenue, Edmonton, Alberta T5J 2N3. Telephone 780-427-7164.

Alberta Health and Wellness extends its thanks to the project teams, regional health authorities, partners, the Evaluation Management Team (Howard Research Inc.) and the independent evaluation teams for their work in advancing primary health care in Alberta. It also thanks R.A. Malatest & Associates Ltd. and Dr. Leslie Gardner, who contributed to the development of this booklet, and our designers, Vision Design Communications Inc.

[understanding quality] in primary health care

Understanding and measuring quality in primary health care is based on **identifying appropriate indicators.** Determining what these indicators are rests on the definition of primary health care. Primary health care is **the first point of contact** and usually the first level of care that people have with the health system.

In recent years, primary health care has increasingly involved a range of health providers and a focus on a multi-disciplinary approach to care. Primary health care is based on **a holistic definition of health** that recognizes the influence of social, economic and environmental factors on **a person's well-being**.

One of the difficulties in discussing quality as a separate concept in terms of primary health care is that quality is inherent in many of the other dimensions, such as access and integration. During the course of the 27 Alberta primary health care projects, many project personnel found it more relevant to measure quality through the assessment of the other dimensions, rather than trying to measure quality directly.

> *"Of all the national dimensions, quality may have been the most difficult to consider separately from the other dimensions of access, integration, impact on populations and cost-effectiveness...A wide range of approaches make assessing the quality of primary health care programs a substantial challenge."*
>
> 2000 Howard Research and Instructional Systems Inc., Primary Health Care: Six Dimensions of Inquiry

The key elements of primary health care identified by the 27 primary health care projects which can be used to measure quality of care were:

- **community involvement;**
- **accessibility;**
- **availability;**
- **comprehensiveness;**
- **integration and coordination of services;**
- **accountability;**
- **affordability; and**
- **consistent evaluation.**

Improved access to health services was considered by several projects as a measure of quality. It was assessed from the patient/client perspective and also as an outcome measure. For example, the 8th & 8th Health Centre in Calgary offers 24-hour access to urgent medical care, mental health and public health services and home care for patients/clients living

Utilization of clinic services increased by 68 per cent over the study period.

"While client satisfaction is a good measure of quality in primary health care, it doesn't replace the need to ensure clinical quality. A full assessment of quality has to happen over the long term and include evaluation of outcomes. The timeframe (for the project) was too short to adequately assess quality from an outcome perspective. Appropriate benchmarks and indicators are difficult to find. Our assessments of quality were based on the perceptions of clients and providers. Future assessments over the long term will include outcome measures."

Marion Relf, Site Director, Northeast Community Health Centre
(This centre, in Edmonton, provides a unique range of coordinated primary health care services to the surrounding community.)

and working in Calgary's downtown core. Utilization of clinic services increased by 68 per cent over the study period. Similarly, the East Central Health Authority project found that quality was tied to client/patient perceptions of access to services at a local level.

Assessing quality in primary health care is a relatively young science. It can be approached from a variety of perspectives and measured through the use of various techniques. Since those techniques are based on methods of evaluating quality of care in other settings (e.g. acute care, continuing care), it has been challenging to develop appropriate indicators of quality within the unique environment of primary health care and to design appropriate instruments to measure quality within that unique environment.

In this booklet, we summarize the experiences of the Umbrella Alberta Primary Health Care projects in evaluating quality care using:

- patient/client perception of quality;
- provider perception of quality; and
- outcome perception of quality.

PATIENT/CLIENT PERCEPTIONS OF QUALITY

"Client satisfaction is a valid measure of quality care in a primary health care setting. This is an environment based on relationships with clients. They have to be satisfied and comfortable with their caregivers or they won't access the services."

Marion Relf, Site Director, Northeast Community Health Centre

Patient/client perceptions of quality covered many topics and were assessed using a wide variety of indicators. These indicators were typically related to those aspects of the service that the community in each project values and that the projects were trying to achieve for their patients/clients. For example, the **Lakeland Regional Health Authority's Health For All Project** (Metis Settlement), which placed settlement nurses in four Metis communities, sought to increase knowledge in those communities about health issues and to have community members take responsibility for their own health.

In another example, the objective in the Health Authority 5 project was to increase access to primary health care services in small rural communities. **The Community Outreach in Pediatrics/Psychiatry and Education Program (COPE)** (Project) in Calgary brought together providers, teachers and learning specialists to best meet the needs of children with mental health issues.

The **Healthy Families Project** in the Capital Health Authority (Edmonton) recognized that the young parents for whom they were developing services often did not have sufficient personal, family or emotional resources, nor sufficient knowledge of parenting, to care for a child. The project determined that a comprehensive and long-term home visitation program was required. A patient/client satisfaction survey was administered in focus groups to assess the quality of the services delivered. Questions centred on the Family Visitor's sensitivity to the patient/client's culture and beliefs, increased use of other community programs, improvements in parenting and improvements in child development gained as a result of the program. Almost all the families involved in the program expressed a high level of satisfaction with the services provided as measured by these indicators.

The Lakeland Regional Health Authority's **Integrated, Community-based Palliative Care Program** developed a multi-disciplinary team of care professionals skilled in palliative care to provide consultation advice to physicians and nurses in one community in the region. Assessing quality of care in the program included in-person interviews with families of deceased persons who had been part of the program. The questions in the family survey were open-ended and designed to determine how the program had helped and how it could be improved. All of the individuals interviewed indicated overwhelming satisfaction with the program.

"She wanted to be pain-free and at home. And the Palliative Care Program helped us achieve that goal, it really did. The care from the Palliative Care Program... you couldn't have asked for anything better. It was terrific."

Family Caregiver, Lakeland Regional Health Authority Integrated Community-based Palliative Care Program

The Lakeland Regional Health Authority **Health For All (Metis Settlement) Project** also found that the perceived level of competence and trustworthiness of the settlement nurses was an indicator of quality from the patient/client's perspective.

Health Authority 5 conducted a patient/client survey to measure health status and health behaviour before and after the intervention in four communities. One of the questions in the survey asked patients/clients to rate the current quality of service received from the health region. The results showed a statistically significant increase in patient/client perception of the quality of service received in one community. Patients/clients visiting the clinics were also asked a series of questions to determine their satisfaction with services provided. The questions focused on location, benefit to the community, recommending the service to others

"The settlement nurse is sincere, loving and always aware of cultural needs. Members are really satisfied with the nurse. She is open, friendly and keeps the confidentiality that is so needed."

Buffalo Lake Settlement Council Representative, Lakeland Regional Health Authority Health For All (Metis Settlement) Project

"He's a good nurse. He's always there when you need him. He never turns you away. If you have a problem, he'll always take the extra time and effort to deal with it, with you. Keep him here, he's a good guy."

Client of the Calgary Urban Project Society (CUPS) Drop-in Centre where the nurse practitioner conducts outreach programs

and whether they would use the service again. In response to all questions, the majority of patients/clients said they were "very" or "extremely" satisfied with the services provided.

Patients/clients in the **Evaluation of a Primary Health Care Clinic Project** listed the following as their top priorities with delivery of service:

- comprehensive service;
- good rapport with physician/health care provider;
- immediate referrals to specialists if needed;
- friendly care providers;
- excellent follow-up;
- prompt service; and
- provider availability.

Community members in the same project identified the following measures of satisfaction with service delivery:

- competency of the physician/health care provider;
- hours of service;
- trusting relationship with physician/health care provider;
- proximity to home;
- less waiting time; and
- continuity with family physician.

Provider competence was an important indicator of patient/client satisfaction for many of the projects. The Calgary Urban Project Society's (CUPS) project integrated a nurse practitioner into the primary health care model in their community health centre. Patients/clients were surveyed during three time periods using a survey adapted from another inner-city health program. The results of the survey indicated that an important measure of quality for the patients/clients was the competence and personality of the nurse practitioner.

PROVIDER PERCEPTIONS OF QUALITY

Providers assessed quality of care in the projects against a variety of indicators including the availability of training and education, the impact of a collaborative, multi-disciplinary environment and the presence of practice guidelines and protocols.

In the **Lakeland Integrated, Community-based Palliative Care Project,** the palliative care nurse consultant and the physician consultant received training and education to ensure the quality of service provided. A survey asked health professionals how the consultations impacted the way care was provided, and whether the overall quality of palliative care to patients was improved since the pilot project began. The results indicated that the consultations had helped caregiver satisfaction increase. There was a feeling that better quality care was being provided through improved pain and symptom management, narcotic rotation and terminal sedation.

"(It) hugely improved my understanding and management of care in all areas – medical, pain and nausea control, social and religious. Yet they [the consultative team] left me feeling in control."

Health care provider, Lakeland Integrated Community-based Palliative Care Project

Projects also found that the quality of their service increased with the collaborative development of clinical practice guidelines. For example, the primary health care team at the CUPS Health Centre in Calgary met to develop clinical practice guidelines for ten selected conditions as agreed upon by the physicians and nurse practitioner. A change in provincial legislation during the project meant that physician supervision of the nurse practitioner was not required and monitoring adherence to the guidelines became inappropriate. However, the guidelines began a process that would become the de facto basis for continuous quality improvement in the program. They also served as a tool for consultation by staff and for orientation of new staff. New protocols and guidelines are being developed continuously.

"The guidelines are part of a living document. New guidelines are constantly being developed in response to recurrent clinical diagnoses. They give us a benchmark for continued evaluation of clinical quality."

Lorraine Melchior, Executive Director, CUPS Community Health Centre in Calgary

The **Lakeland Integrated Community-based Palliative Care Program** developed clinical practice protocols that identified best practices for palliative care for various providers. The document provided a standard for quality palliative care across the region. This facilitated expanded knowledge regarding palliative care and improved access to palliative care service by patients/families. This included increased involvement and communication among all groups involved in providing palliative care.

"We believe that the small changes that have taken place during the pilot were significant steps to improving end-of-life care. Ongoing success will foster acceptance and change in current practice."

Consultation Team, Lakeland Regional Health Authority Integrated Community-based Palliative Care Program

Quality was also assessed in terms of achieving a multi-disciplinary environment. The **Primary Health Care Collectives Project** in Edmonton formed six teams of physicians, pharmacists and home care nurse managers to improve medication use by high-risk individuals in the community. The assessment of provider satisfaction centred on their role recognition and their experiences in the collective. Providers were asked about their expectations at the beginning of the project, and then about their actual experience every two months during the project. They were also asked about the perceived impact of collaboration on such things as quality of patient care.

The results indicated that the team approach to care significantly exceeded providers' expectations on aspects of quality of care related to:

- clear professional roles;
- feeling part of a team;
- feeling that working with others was helpful; and
- receiving enough patient information and improving patient/client health status.

Other domains, such as job satisfaction, did not exceed expectations, but the evaluation noted that this might have been the result of high expectations going into the project.

OUTCOME PERCEPTIONS OF QUALITY

Evaluating quality of care by assessing health outcomes was difficult given the short-term nature of the projects. However, several projects successfully built this into their evaluation process.

The **Lakeland Regional Health Authority Integrated Community-based Palliative Care Program (Project)** conducted a chart review of acute care and home care patients/clients before and after the program. Information collection forms, designed by an evaluation team, tracked patient assessment and the management of several symptoms commonly experienced by patients suffering from terminal cancer. The results were measured against symptom management guidelines. For example, one guideline states that Demerol should be avoided for pain management. The audit showed that before the program, 18 per cent of patients/clients were receiving Demerol. After the program, no patients/clients were receiving Demerol.

The **Primary Health Care Collectives Project (PHCC)** used several outcome-focused measures to assess quality of care. The PHCC focused on significantly improving medication use by high-risk individuals, using six teams (collectives) consisting of a family physician, a pharmacist

and a home care nurse manager. They measured quality through the number and nature of drug-related problems identified and resolved, using the Medication Appropriateness Index, and through health status measures (SF-12 and Health Utilities Index). The project achieved its intended goal of significantly improving patient/client compliance with medication regimens, with no differences across Collectives. Health status did not significantly improve but was maintained from baseline to follow-up. Given that the health status of the high-risk individuals in the project might be expected to decline over time, this was a positive outcome.

The project also gathered qualitative data that illustrated the impact of the teams on health status of the patients/clients.

> *"A person with HIV had a long-standing mycobacterial infection in his lymph glands. His case conference noted that his viral load had tripled since August. Through the medication review process it was found that he was 'picking and choosing' among his medications: taking his pain meds but not his TB meds. The pharmacist reduced the number of 'packages' so that the TB meds were packaged along with the pain meds. She also suggested changing to taking them twice daily instead of spread out throughout the day. The person started taking the medications appropriately and the infection came under control."*
>
> Independent Evaluation, Final Report, Primary Health Care Collectives. (The Primary Health Care Collectives Project focused on improving medication use by high-risk individuals, through six collectives. Each collective consisted of a family physician, pharmacist and a home care nurse manager.)

The **Healthy Families Project** in the Capital Health Authority used five standardized instruments to measure the effects of participation in the program. The instruments were administered at baseline and following participation in the program. The research questions that these instruments were used to answer were directly related to the objectives of the program; for example, one objective of the program was to promote healthy childhood development. The Denver Developmental Screening Test II was selected to evaluate the impact of the program in this area. The results showed a positive impact of the project on the development of children participating in Healthy Families.

CHALLENGES

Six challenges to measuring quality of care in a primary health care setting were identified by some of the projects. These were:

The short-term nature of pilot projects limited the assessment of health outcomes

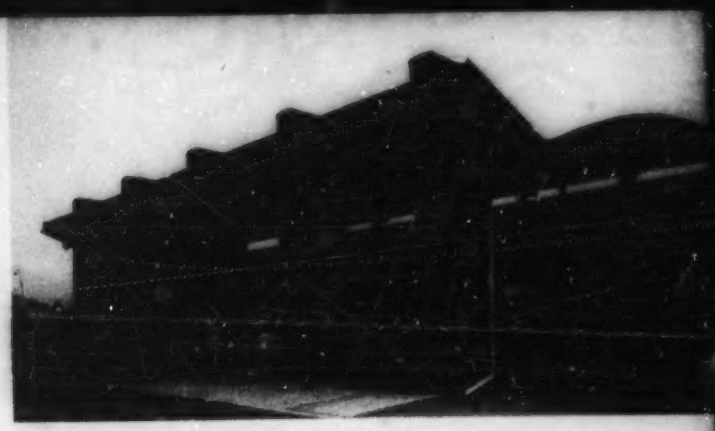
The active life of the Primary Health Care Collectives was just nine months. Given the short time line, the standardized assessment tool of health status and health service utilization approached statistical significance, but did not show significance. The project staff believe that had the project run long enough to recruit the full 300 client participants originally anticipated, they would have been able to show significance using the tools.

Finding valid standardized instruments that were appropriate to primary health care

Initial pilot testing of patient/client satisfaction instruments at the Northeast Community Health Centre (NECHC) in Edmonton, resulted in a search for a more appropriate instrument. A "Services Satisfaction Survey" was recommended and is being modified and piloted to make it more appropriate for the population in Northeast Edmonton. Focus groups were conducted with patients/clients and found they were generally satisfied with the quality of services at the NECHC. A number of areas for improvement were also identified.

The literacy level of specific target groups

A major challenge to developing evaluation instruments in the Calgary Urban Project Society (CUPS) project was the literacy level of the clientele. The research assistant was often asked to verbally administer the survey. Further, once patients/clients had completed the initial survey, they were unwilling to complete it again on subsequent visits because they felt it was too long or difficult to complete. Many patients/clients were also skeptical of questioning and were unwilling to provide any personal information including their names, or they would give different names each time they came into the Centre. The transient nature of many of the people living in the area being served by the program prohibited a pre-post evaluation design.



Northeast Community Health Centre, Edmonton

Establishing data collection on quality as part of the service delivery

The family visitors in the Healthy Families Project in Capital Health were required to collect outcome data, something not expected at the beginning of the program. The program was initially concerned about the potential misfit between the research methodology of data collection and the service-delivery relationship-based philosophy of the program. Further, the large number of instruments and the late start to collecting data made the task of catch-up somewhat onerous. However, once data collection was established on a regular basis, evaluation became the norm as part of family visits. And the family visitors welcomed the rapid feedback on individual family results.

Establishing the trust necessary for data collection

The CUPS survey was administered by the regular receptionist at the Centre who acted as the research assistant. This was important as there was a great deal of suspicion among the Centre's inner-city clientele relating to mental health issues or past experiences with the law. The high level of trust between the patients/clients and the receptionist increased the willingness of patients/clients to participate in the survey process.

Identifying all costs and consequences associated with cost-effectiveness

It was often difficult for projects to track all costs associated with the project, particularly if more than one organization or agency was involved. As a result, cost-effective analysis was limited and often relied on proxies or anecdotal evidence. For instance, the **Primary Health Care Collectives Project** has some evidence that the collectives were able to decrease usage of emergency services and decrease visits to the physicians' offices. Similarly, the evaluation of the 8th & 8th Health Centre in Calgary suggested that hospitalization may have been averted for a significant number of mental health clients accessing mental health services through the centre, which intuitively indicates overall savings to the health system.

[conclusions]

"Without a sense of clarity about what we mean and indicators that can be tracked and measured, we have no way to determine the quality of our services and to whom we think we should be providing them. Without all that, we end up paying lip service to it."

Jeanne Besner, Director of Primary Care Development, Calgary Regional Health Authority

Despite the challenges, the experiences of the 27 pilot and evaluation projects in Alberta have contributed significantly to developing a body of knowledge on evaluating quality in primary health care. A broad range of approaches and instruments were developed, tried and revised in an effort to ensure that high quality services were delivered.

Information on the projects that used these tools is available on the Alberta Health and Wellness website.

As noted by a family caregiver in the Lakeland Regional Health Authority Integrated Community-based Palliative Care Program, "It's comforting to know that there are people out there who strive to make it better..."